HIV PREVALENCE AND PREVENTION AMONG TEENAGERS IN AFRICA

The headline statistics about AIDS in sub-Saharan Africa are well known: nearly one in ten adults, a staggering 26 million people, are estimated to be infected with the deadly HIV virus. In eight countries in Southern Africa, the overall adult prevalence rate is now well over 25 per cent. But, unlike no other pandemic before it, there is very little accurate information about just how many people have died of AIDS-related illnesses during the last decade or so. This is because most governments in Africa do not keep 'vital registration' statistics, which accurately record the details of each death, including residence, age and occupation.

In the absence of accurate mortality statistics, almost exclusive reliance has been placed on HIV prevalence estimates that are based on the random, anonymous testing of pregnant women attending antenatal clinics. With some, usually fairly minor, adjustments these test results are used to derive estimates of HIV prevalence among all adults in the population as a whole. However, from the limited evidence that is available, HIV infection among teenagers is much lower than the HIV prevalence estimates from antenatal clinic surveys for this age group.

Clearly, pregnancy is the result of unprotected sexual intercourse, which is the dominant mode of HIV transmission in Africa. But not all teenagers are sexually active and many are now using condoms, especially with casual partners. In Botswana, for example, which has the highest adult HIV prevalence rate in the world, only one-quarter of both females and males are sexually active before they are 18 and, for those who are, condom use is very high. In a recent survey, 88 percent of male and 75 percent of female respondents aged 15-24 indicated that they had used a condom the last time they had had sex with a 'non-marital, non-cohabiting partner'. Increased condom use is in turn resulting in a lower incidence of sexually transmitted diseases. The reported cases of STDs for the adult population as a whole fell by nearly 10 percent in just one year (1999, latest published data).

The only way to obtain an accurate picture of the extent and pattern of HIV infection is to test large representative samples of the entire population. Such comprehensive population-based surveys are very rare, which again is extraordinary given the extent of the epidemic. But where they have been done they show that HIV incidence among teenagers is much lower than among pregnant women of the same age. In Botswana, Zambia and Zimbabwe, three of the worst affected countries in the world, most teenagers are not infected. This is particularly the case for males where infection levels are very low. Two recent surveys in Zambia[1] and Zimbabwe[2] both show that 6-7% of females and

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[1] Central Statistical Office, Central Board of Health and ORC Macro. 2002. Zambia Demographic and Health Survey 2001-2002. Preliminary Report. CSO: Lusaka. October

1-2% of males aged 15-19 were infected. Similarly, in Botswana, 11% of females and 1% of males in this age group who were tested at voluntary testing and counseling centres were sero-positive[3]. Given that a very high portion of those wanting to be tested are likely to have had unprotected sex, HIV prevalence in the 15-19 population as a whole is almost certainly much lower still.

A real concern is that seriously over-inflated estimates of HIV prevalence could exacerbate already high levels of despondency and even fatalism about the epidemic among many young people in Africa. When asked if they have changed their sexual behaviour in order to avoid infection, a frequent response of teenage survey respondents, particularly in very high prevalence countries, is that there is little point in doing so since 'we are all dead already'. The lesson here is clear. While over-exaggerating the extent of infection among teenagers is perhaps understandable given the severity of the epidemic, excessive reliance on misinformed 'scare tactics' could have serious unintended consequences. AIDS prevention programmes for teenagers, both in and out of school, must be based on accurate and up to date information about HIV prevalence across all age cohorts. The starting point for these prevention programmes should therefore be to reassure teenagers that most of them are HIV negative. But, they must also be convincingly informed that it is their behaviour after they have left school that will determine whether or not they will become infected.

Finally, it is very important to tell teenagers that that very large numbers of young people in Africa do appear to be changing their sexual behaviour in order to avoid infection. In Botswana, for example, HIV prevalence among pregnant teenagers peaked in 1998 (at 28.6%), but fell to 21% in 2002. Large declines have also been observed in other countries (including Uganda, Malawi, and Zambia), especially in urban areas.[4] These changes in behaviour are already impacting on the overall adult prevalence rate in much of Africa. HIV prevalence rates (based on antenatal clinic survey estimates) for the 15-49 age group fell or remained largely unchanged (i.e. appear to have peaked) in the following high prevalence countries between 1997 and 2001: Burkina Faso, Burundi, Congo, Cote d'Ivoire, Ethiopia, Malawi, Mozambique, Rwanda, Tanzania, Togo and Uganda. It was mainly in Southern Africa (particularly Botswana, Lesotho, South Africa, Swaziland, and Zimbabwe) where prevalence rates increased very significantly during this four year period[5].

Paul Bennell
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[2] Gregson S., H. Waddell, and S. Chandiwana. 2000. School education and HIV control in sub-Saharan Africa: from harmony to discord. Journal of International Development.

[3] National AIDS Coordinating Agency. 2002. Botswana 2002 Second Generation HIV/AIDS Surveillance. Gaborone, November 2002

[4] See Bennell, P, N. Swainson and K. Hyde. 2001. The impact of the AIDS epidemic on primary and secondary schooling in Africa. Centre for International Education, University of Sussex, Brighton

[5] Based on UNAIDS data from annual reports on the HIV/AIDS epidemic.